Risk Factors and Service Needs for Homeless Older Adults

Gina Rosich, MSW
Fordham University

Homeless older adults comprise a growing yet understudied segment of the population. While the majority of studies describing the characteristics of homeless people and their pathways to homelessness tend to focus on families and so-called 'working age' adults, some researchers have begun to consider the consequences of an aging society on policies and services for this population. Social workers can benefit from understanding the risk factors and service needs of older adults experiencing or at risk of homelessness in order to prevent homelessness and/or provide necessary services to assist older clients in gaining and retaining permanent housing.

Literature Review

Many factors put adults at risk of homelessness, and these factors may be exacerbated by age. Older adults are a particularly vulnerable population of homeless due to the co-occurrence of diseases associated with aging and the sometime severe conditions that characterize living on the streets or in other unsafe conditions (Hecht & Coyle, 2001; Burt, Aron & Lee, 2001). Incarceration is common among the homeless (Burt et al., 2001). Incarceration has a cyclical effect on homeless individuals, and history of incarceration puts individuals at high risk of long-term homelessness (Kushel et al, 2005). Incarceration may not be an aging issue specifically, but the cyclical nature of incarceration and homelessness suggests the potential for individuals to age into older adulthood without ever exiting such a cycle, which then combines to exacerbate their difficulties exiting homelessness. Economic vulnerability as a result of job loss due to illness and physical decline is a familiar story to those working with homeless older adults. Older adults relying predominantly or exclusively on Social Security benefits are more likely to live with others as income declines, making them vulnerable to household instability (Engelhardt, Gruber & Perry, 2005). It is no surprise that older adults report eviction as one of the leading pathways to homelessness (Crane et al., 2005; Crane & Warnes, 2000; Burt Aron & Lee, 2001; Stergiopoulos & Herrmann, 2003; Hecht & Coyle, 2001). Cohen et al. (1997) found perceived support and access to community facilities to be the strongest predictors to leaving homelessness for older women. Herman et al. (1997) found adverse childhood experiences such as parental neglect and physical abuse increased the likelihood of homelessness in adulthood. Zlotnick, Tam and Robertson (2003) present a conceptual model of homelessness based on (a) lack of economic resources; (b) lack of human capital such as education and job stability; (c) disaffiliation due to lack of actual and perceived support, (d) cultural identification as a homeless person which derives from living in a shelter or remaining homeless over a long period of time; and (e) impairment/dysfunction due to mental illness or substance abuse.

Study Aims

The goal of this study is to examine factors related to homelessness as they might apply to older adults. The specific aims are to: 1) Describe the percentage of homeless adults who are older adults and the duration of homelessness by age; 2) determine whether the two factors of length of time homeless and the biggest barriers to rehousing are associated with age and chronic illness; 3) determine whether length of time homeless is associated with incarceration; and 4) determine whether these factors are modified by income.

Study Hypotheses

1. The length of current homeless spell is associated with:
   a) Age; **b)** Number of chronic illnesses; and **c)** Amount of time incarcerated immediately preceding current homeless spell.
2. The factor biggest barriers to rehousing is associated with:
   a) Age; **b)** Number of chronic illness
3. Income modifies the relationship between length of current homeless spell and: **a)** age; **b)** number of chronic illnesses; and **c)** amount of time incarcerated.
4. Income modifies the relationship between biggest barriers to rehousing and: **a)** age; and **b)** number of chronic illnesses.

Methods

This is a secondary data analysis using the client portion of the 1996 National Survey of Homeless Assistance Providers and Clients (NSHAPC), a cross-sectional study of service providers and homeless clients (Burt, Aron & Lee, 2001). It was approved by the Fordham University Institutional Review Board for the protection of human subjects. A hierarchical ordinal logistic regression was performed to determine the contributions of the independent variables age, number of chronic illnesses and incarceration to the dependent variable duration of current homeless spell. More than one year was used as the reference category for duration of current homeless spell. A multinomial logistic regression was performed to determine the contribution of the independent variables age and number of chronic illnesses to biggest barriers to rehousing. Lack of income/adequate housing was the reference category for biggest barriers to rehousing.

Results

The sample consisted of 4207 adults, of which 63% were male and 20% were age sixty and older. The mean age for the sample was 40 and the mean number of chronic illnesses was one. Sixty-one percent of respondents were homeless for less than one year. Figure 1 shows that 53.8% of older adults (age 60+) were homeless more than one year. Differences in amount of time homeless were statistically significant by age group χ^2 (4, N= 2586) = 102.35, $p \leq .001$. Table 1 shows significant differences were also found for each category of duration of homeless spell by age, chronic illness and incarceration. Mean age increased from 35.5 years to 40.9 years ($p \leq .001$). Number of chronic illnesses increased from .8 to 1.0 ($p < .05$). Those with the highest number of chronic illnesses were most likely to remain homeless longer, although the mean difference was small. Of those respondents who were previously incarcerated, 96.6% of those incarcerated over a year were homeless over one year, and 62.8% of respondents with less than a year of incarceration were homeless over one year ($p \leq .001$). As shown in Table 2, insufficient income was the most frequently reported barrier to rehousing. There were significant differences in reported barriers to rehousing based on age. Mean age was highest for those reporting a physical condition or disability (M = 42.0) and lowest for those reporting family or domestic instability (M = 30.6). Mean differences existed between those reporting family or domestic instability and all others except those citing insufficient education or skills. Not surprisingly, mean number of chronic illnesses was highest for those reporting physical condition or disability as the main barrier to rehousing (M = 1.91). As such, the impact of chronic illness was felt to be a barrier for both older adults and those with chronic illnesses.

Table 3 presents the final trimmed model for the ordinal logistic regression that examined the relationship between age, chronic illnesses and incarceration with amount of time homeless (in current homeless spell). Chronic illness did not remain significant in this model, and so was

not associated with length of homeless spell. There were no interactive effects of age and income on length of time homeless. There was an interaction between income and incarceration, where those with greater income and no incarceration or incarceration of less than one year were 29% less likely to remain homeless over one year. Females were 21% less likely than males to remain homeless over one year. Education was positively associated with length of homeless spell, such that those with less than a high school diploma were 30% more likely to remain homeless over one year, and those with a high school diploma were 27% more likely to remain homeless over one year than those with education beyond the high school level.

Also per table 3, a multinomial logistic regression was conducted to examine the relationship between age and chronic illness with biggest barriers to rehousing. The structural barriers "insufficient income or housing" was used as the basis for comparison. For every chronic illness reported, respondents were 16% more likely to report an addiction or disability as a barrier to rehousing, 15% less likely to report vocational barriers and 10% less likely to report the need for additional social services. Females were more likely than males to report insufficient income than any other barrier. Education was associated with addiction/disability and need for additional services such that those with greater education were less likely to report them as barriers to rehousing than insufficient income. Institutionalization other than foster care or group home was the only disaffiliation variable significant in the model, and those institutionalized as youth were 42% less likely to report addiction/disability as a barrier to rehousing compared with insufficient income. The interaction between age and income was significant, such that as age and income increased, respondents were equally likely to report the need for additional income and the need for additional social services. An interactive effect of age and income revealed equal need for income and social services ([OR] = 1.00, [CI] = 1.00, 1.00).

Discussion

Hypothesis one was supported at the bivariate level. Increased age, chronic illness and incarceration were all significantly related to increased length of current homeless spell. There were also differences in barriers to rehousing based on age and chronic illness. Hypotheses two and three were only partially supported. Chronic illness, commonly associated with aging, was a perceived barrier to rehousing for homeless adults. It is possible that living with chronic illness may impact other areas of functioning in ways that cannot be overcome by increased income. Older adults with chronic illness may find life on the streets or in shelters too physically demanding and illness may keep them from performing necessary tasks to exit homelessness such as obtaining documents or entitlement income. This was supported in the model examining barriers to rehousing, as income did not moderate the impact of chronic illness. Respondents were still more likely to cite their illness than income as their biggest barrier. This suggests that clients are not receiving adequate supports to mitigate the impact of illness in their lives in relation to housing status. Income was the most frequently reported barrier to rehousing. Yet it only moderated the effect of incarceration on duration of homelessness. This suggests that homeless individuals who were formerly incarcerated may face considerable structural barriers to rehousing such as being barred from Section 8 or public housing for drug crimes and may also face difficulties finding employment. Many respondents were poor, as the mean income of the sample ($389 per month) was below the poverty line. The similar outcome for those experiencing institutionalization as youth suggests the possibility of lifelong incarceration spells. A regression analysis examining the relationship between incarceration and barriers to rehousing could address this research question.

As income and age increased, respondents reported the equal need for additional social

services and additional income. This suggests that services which might mitigate the effect of aging are lacking in shelter systems. Older adults need both structural solutions and social services. These might include traditional aging network services provided to older adults in the home such as assistance with IADLs and ADLs, transportation, medication monitoring, and adjustments to the environment which aid mobility, reduce injury and allow for rest and constructive social interaction. Income cannot replace such assistance.

Some aspects of Zlotnick, Tam and Robertson's (2003) theory were more important for the aging population than others. Disaffiliation did not appear to play a major role for respondents in this study. Impairment, lack of actual or perceived support and lack of economic resources remained important. Lack of human capital was less important for those with chronic illness and not at all important with increased age, possibly because of exits from employment due to disability, job discrimination, chosen or forced retirement. Lack of economic resources was felt most acutely by those with history of incarceration. The theoretical model does not account for chronic illness or physical disability as a measure of impairment or dysfunction. This is an important variable which should be accounted for in explaining the difficulties exiting homelessness, and should be included in the theory.

The main limitation of this study was the use of secondary data. The original researchers set out to gain a broad understanding of the homeless population from a nationally representative sample. Aging issues and homelessness were not their main focus. As such, the data collected were not tailored to questions for an analysis of aging. Since all data were self-reported by clients, there is a question of reliability of the data. No response rate was provided, opening the possibility of response bias. These data cannot be used to test for structural problems such as impact of the housing market. Cross-sectional data present problems when seeking to establish causality. We can only infer through the use of statistics that significant relationships exist, but cannot control for threats to validity. This study was conducted knowing these limitations. It was felt that an exploration of the data might yield patterns useful for further research. Homeless adults experience multiple problems in complex relationships, and regression analysis is a useful tool for measuring the weight of various factors at once.

By utilizing the construct of aging, we may begin to consider policy and practice implications for homeless services to an aging population or aging network services to the homeless population. Implications for social workers include the need to provide and tailor supportive social services to this small but growing population. Shelter and street life can be physically demanding and aging exacerbates those difficulties in ways that cannot be overcome by income alone.

In conclusion, by viewing homelessness through the lens of aging, researchers can consider homelessness as an extreme result of both structural and personal deficits. Inadequacies within economic and housing policies coincide with gaps in the aging network of services that form pathways to homelessness and extend length of homelessness for experiencing poverty, incarceration and co morbidities associated with aging. The question of senescence in relation to poverty, illness, incarceration and the strains of homelessness is ripe for further research.

References

Burt, M., Aron, L, A., & Lee, E. (2001). *Helping America's homeless: Emergency shelter or affordable housing?* Washington D.C.: Urban Institute Press.

Cohen, C., Ramirez, M., Teresi, J., Gallagher, M., & Sokolovsky, J. (1997). Predictors of becoming redomiciled among older homeless women. *Gerontologist*, *37*, 67–74.

Crane, M. & Warnes, A. (2000). Evictions and prolonged homelessness. *Housing Studies, 15*, 757–773.

Crane, M., Byrne, K., Fu, R., Lipmann, B., Mirabelli, F., Rota-Bartelink, A., et al., (2005). The causes of homelessness in later life: Findings from a 3-nation study. *Journals of Gerontology: Social Sciences, 60B*, S152–S159.

Engelhardt, G., Gruber, J. & Perry, C. (2005). Social Security and elderly living arrangements: Evidence from the Social Security notch. *The Journal of Human Resources*, *40*, 354–372.

Hecht, L. & Coyle, B. (2001). Elderly homeless: A comparison of older and younger adult emergency shelter seekers in Bakersfield, California. *American Behavioral Scientist, 45*, 66–79.

Herman, D. B., Susser, E. S., Struening, E. L., & Link., B. L. (1997). Adverse childhood experiences: Are they risk factors for adult homelessness? *American Journal of Public Health, 87*, 249–255.

Kushel, M. B., Hahn, J. A., Evans, J. L., Bangsberg, D. R., & Moss, A. R. (2005). Revolving doors: Imprisonment among the homeless and marginally housed population. *American Journal of Public Health, 95*, 1747–1752.

Stergiopoulos, V. & Herrmann, N. (2003). Old and homeless: A review and survey of older adults who use shelters in an urban setting. *Canadian Journal of Psychiatry*, *48*, 374 – 380.

Zlotnick, C., Tam, T. & Robertson, M. (2003). Disaffiliation, substance use, and exiting homelessness. *Substance Use and Misuse, 38*, 577 – 599.

Table 1 Age and Incarceration by Duration of Current Homeless Spell. National Survey of Homeless Assistance Providers and Clients (NSHAPC)

Client Characteristics	Duration of Current Homeless Spell										Multiple Comparisons
	>6 months (A)			6 – 12 months (B)			> 1 Year (C)			ANOVA	
	N	Mean	SD	N	Mean	SD	N	Mean	SD	P	
Age	742	35.5	10.4	834	37.9	11.0	1010	40.9	10.4	≤.001	A, B & C are all significantly different at (p<.05)
# of chronic illnesses	775	0.8	1.1	874	0.9	1.2	1063	1.0	1.2	<.01	A > C (P<.05)
Duration of incarceration		Percent			Percent			Percent		P on ANOVA	
Not incarcerated		33.4			34.5			32.1		≤.001	
< 1 Year		7.3			29.9			62.8			
> 1 Year		0.0			3.4			96.6			

Table 2 Age and Number of Illnesses by Barriers to Rehousing. National Survey of Homeless Assistance Providers and Clients (NSHAPC)

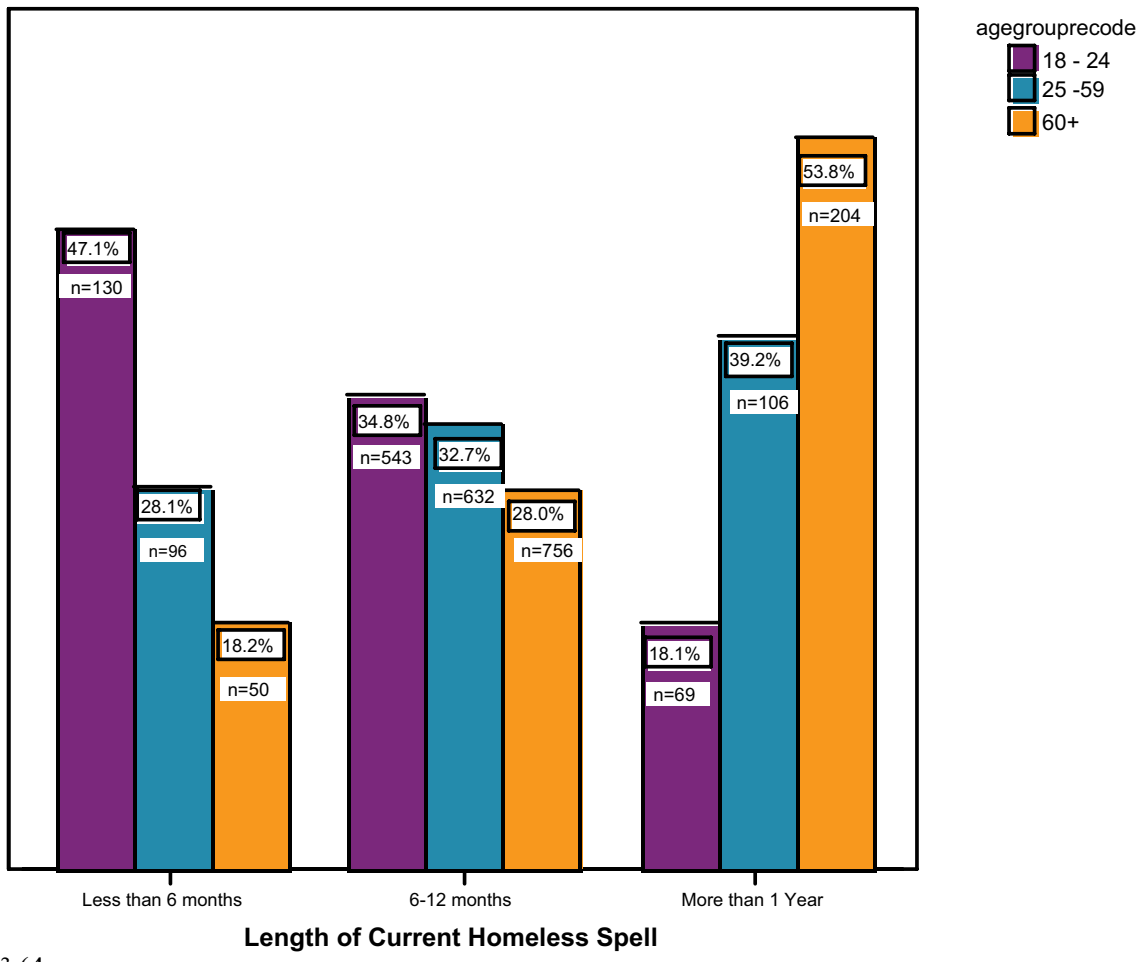
	Age				# of Chronic Illnesses			
	N	Mean	SD	P on ANOVA	N	Mean	SD	P on ANOVA
	2655	38.0	10.9	≤.001	278	.87	1.2	≤.001
Barriers to Rehousing	N	Mean	SD	Tukey's HSD Multiple Comparison	N	Mean	SD	Tukey's HSD Multiple Comparison
1. Insufficient income	807	37.8	11.4	6*, 8***	857	.96	1.3	3***, 6***
2. Lack of suitable housing	268	37.9	11.1	8***	278	.97	1.2	3*, 6***
3. Lack of job or employment	650	38.6	10.3	8***	672	.70	.95	1***, 2*, 6***
4. Insufficient education or skills	70	34.8	10.1	6***	72	.71	1.1	6***
5. Addiction to drugs or alcohol	254	37.5	8.5	6**, 8**	270	.77	1.0	6***
6. Physical condition or disability	78	42.0	10.9	1*, 4**, 5*, 8***, 10*	81	1.91	1.4	1***, 2***, 3***, 4***, 5***, 7***, 8***, 10***
7. Mental health condition	91	39.0	9.4	8***	95	.99	1.1	6***
8. Family or Domestic Instability	45	30.6	10.6	1***, 2***, 3***, 5**, 6***, 7***, 9**, 10**	46	.61	1.0	6***
9. Insufficient services or lack of information	39	40.2	13.0	8**	42	1.24	1.5	---
10. Other	353	37.6	12.0	6*, 8**	371	.75	1.1	6***

* p=.05 ** p=.01 ***p ≤.001

Table 3. Final Trimmed Regression Models for Length of Current Homeless Spell and Biggest Barriers to Rehousing

Variables	Length of Current Homeless Spell			Biggest Barriers to Rehousing (Insufficient income or housing reference group)								
				Vocational Barriers			Addiction/Disability			Requires Additional Social Services		
	OR	P value	CI	OR	P value	CI	OR	P value	CI	OR	P value	CI
# of chronic illnesses	n/s			.85	.02	.75, .97	1.16	.04	1.01, 1.33	.90	.21	.77, 1.06
Age	1.03	<.001	1.02, 1.04	1.01	.33	.99, 1.02	.99	.31	.97, 1.01	.98	.04	.97, 1.00
Incarceration (> 1 year reference)												
No incarceration	.20	.11	.03, 1.45	(Not included in this model)								
< 1 Year Incarceration	.53	.54	.07, 3.98									
Income	1.42	<.001	1.42, 1.42	1.00	.47	1.00, 1.00	1.00	.75	1.00, 1.00	.99	.06	1.00, 1.00
Female gender	.79	<.001	.71, .89	.54	<.001	.43, .68	.34	<.001	.26, .45	.77	.04	.60, .99
Education (> HSD reference)												
Less than High School Diploma	1.30	<.001	1.14, 1.48	n/s			.54	<.001	.40, .73			
High School Diploma	1.27	<.001	1.11, 1.44	n/s			.68	.01	.51, .91	.62	≤.001	.47, .83
Other Institution (in youth)		n/s		n/s			.58	.001	.41, .80		n/s	
Chronic illness * income		n/s		n/s				n/s			n/s	
Age * income				n/s				n/s		1.00	.05	1.00, 1.00
Incarceration * income												
No incarceration * income	.71	<.001	.71, .71	Not entered in this model								
< 1 Year Incarceration * income	.71	<.001	.71, .71									
N	2232			2589								
Nagelkerke R^2	.124			.10								
P values												
Model Fitting Information	<.001			<.001								
(Goodness-of-fit) Pearson	.56			.40								
(Goodness-of-fit) Deviance	.01			1.00								
Test of Parallel Lines	.05			Not applicable								

Figure 1 Distribution of clients by length of current homeless spell and age group



χ^2 (4, N = 2586) = 102.345, $p \leq .001$